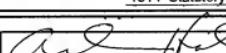


Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).		Complete if Known																			
FEES TRANSMITTAL For FY 2009		Application Number	10/595,375-Conf. #8420																		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	June 30, 2006																		
TOTAL AMOUNT OF PAYMENT (\$ 1,670.00)		First Named Inventor	Shinichiro Yamada																		
		Examiner Name	J. W. Taylor																		
		Art Unit	1796																		
		Attorney Docket No.	20692/0203861-US0																		
METHOD OF PAYMENT (check all that apply)																					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																					
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <u>04-0100</u>		Deposit Account Name: <u>Darby & Darby P.C.</u>																			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)																					
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee																			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments																			
FEES CALCULATION																					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																					
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES																
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)														
	Utility	330	165	540	270	220	110														
	Design	220	110	100	50	140	70														
	Plant	220	110	330	165	170	85														
	Reissue	330	165	540	270	650	325														
Provisional	220	110	0	0	0	0															
2. EXCESS CLAIM FEES																					
Fee Description																					
Each claim over 20 (including Reissues) <u>52</u> <u>26</u>																					
Each independent claim over 3 (including Reissues) <u>220</u> <u>110</u>																					
Multiple dependent claims <u>390</u> <u>195</u>																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;">Total Claims</th> <th style="text-align: left; width: 30%;">Extra Claims</th> <th style="text-align: left; width: 30%;">Fee (\$)</th> <th style="text-align: left; width: 30%;">Fee Paid (\$)</th> <th style="text-align: left; width: 30%;">Multiple Dependent Claims</th> <th style="text-align: left; width: 30%;">Fee (\$)</th> <th style="text-align: left; width: 30%;">Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>10</td> <td>- 20 or HP</td> <td>0</td> <td>x _____</td> <td>= _____</td> <td></td> <td></td> </tr> </tbody> </table> HP = highest number of total claims paid for, if greater than 20.								Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	10	- 20 or HP	0	x _____	= _____		
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)															
10	- 20 or HP	0	x _____	= _____																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;">Indep. Claims</th> <th style="text-align: left; width: 30%;">Extra Claims</th> <th style="text-align: left; width: 30%;">Fee (\$)</th> <th style="text-align: left; width: 30%;">Fee Paid (\$)</th> <th style="text-align: left; width: 30%;">Multiple Dependent Claims</th> <th style="text-align: left; width: 30%;">Fee (\$)</th> <th style="text-align: left; width: 30%;">Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>- 3 or HP</td> <td>0</td> <td>x _____</td> <td>= _____</td> <td></td> <td></td> </tr> </tbody> </table> HP = highest number of independent claims paid for, if greater than 3.								Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	2	- 3 or HP	0	x _____	= _____		
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)															
2	- 3 or HP	0	x _____	= _____																	
3. APPLICATION SIZE FEE																					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;">Total Sheets</th> <th style="text-align: left; width: 30%;">Extra Sheets</th> <th style="text-align: left; width: 30%;">Number of each additional 50 or fraction thereof</th> <th style="text-align: left; width: 30%;">Fee (\$)</th> <th style="text-align: left; width: 30%;">Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>- 100 =</td> <td>/50 = _____ (round up to a whole number)</td> <td>x _____</td> <td>= _____</td> </tr> </tbody> </table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	_____	- 100 =	/50 = _____ (round up to a whole number)	x _____	= _____				
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																	
_____	- 100 =	/50 = _____ (round up to a whole number)	x _____	= _____																	
4. OTHER FEE(S)																					
Non-English Specification, \$130 fee (no small entity discount)																					
Other (e.g., late filing surcharge): 1253 Extension for response within third month <u>1,110.00</u>																					
Other (e.g., late filing surcharge): 1814 Statutory Disclaimer (x 4) <u>560.00</u>																					
SUBMITTED BY																					
Signature				Registration No. (Attorney/Agent)	51,813	Telephone	(212) 527-7700														
Name (Print/Type)		Andrew K. Holmes		Date	June 10, 2009																